

Natriuretic peptide-induced relaxation of myometrium from the pregnant guinea pig is not mediated by guanylate cyclase activation.

Carvajal JA, Aguan K, Thompson LP, Buhimschi IA, Weiner CP.

Department of Obstetrics, Gynecology, and Reproductive Sciences, University of Maryland School of Medicine, Bressler Research Building, 655 W. Baltimore St., Baltimore, MD 21201, USA.

We tested both relaxation and cGMP generation by atrial (ANP), brain (BNP), and C-type natriuretic peptide (CNP) in oxytocin-stimulated myometrium from near-term pregnant guinea pigs to investigate the ability and mechanism of natriuretic peptides to inhibit myometrial contractility. Myometrial strips were contracted by 10(-8) M oxytocin, and relaxation to the cumulative addition (10(-9)-10(-6) M) of the natriuretic peptides measured. Maximal relaxation to BNP was significantly greater than to ANP (52 versus 32% respectively; p < 0.05), whereas CNP failed to produce relaxation. However, the increase in cGMP produced by BNP (10(-7) M) was significantly less than that produced by ANP (10(-7) M) (4.5 versus 7.0 times basal; p < 0.05); CNP did not increase myometrial cGMP. Anantin, a competitive blocker of the guanylate cyclase A receptor, significantly reduced the increase in cGMP produced by ANP and BNP, but had no effect on relaxation induced by either peptide. Rp-8-Br-cGMP, an inhibitor of the cGMP-dependent protein kinase, did not alter BNP-induced relaxation. The atrial natriuretic peptide-fragment 4-23 amide, a natriuretic peptide clearance receptor agonist, failed to inhibit oxytocin-stimulated myometrial contraction. We conclude that natriuretic peptide induced relaxation of oxytocin-stimulated myometrium from the pregnant guinea pig is not mediated by either guanylate cyclase A or B activation, is independent of the cGMP pathway, and does not involve clearance receptor activation. Our results suggest that natriuretic peptide-induced relaxation of pregnant myometrium is mediated via a novel mechanism.

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Related Articles, Books

[N-terminal atrial natriuretic peptides].

[Article in Polish]

Beltowski J.

Katedra i Zaklad Patofizjologii Akademii Medycznej w Lublinie.

Atrial myocytes synthesise atrial natriuretic factor prohormone consisting

of 126 amino acids (ANP1-126) which is subsequently processed to several fragments. Atrial natriuretic factor (ANF, ANP99-126) originating from the C-terminal portion of prohormone is a best described atrial peptide. However, several peptides originating from the N-terminus of this precursor also circulate and produce significant diuresis, natriuresis and vasodilatation. These are: long acting natriuretic peptide (ANP1-30), vessel dilator (ANP31-67) and kaliuretic peptide (ANP79-98). ANP1-98 and ANP68-98 also circulate. Kaliuretic peptide specifically stimulates urinary potassium excretion. These peptides are slowly metabolised and their plasma concentration is higher than ANF suggesting their important role in water-electrolyte homeostasis and regulation of vascular tone. N-terminal atrial peptides don't bind to classical natriuretic peptide receptors, each of them has probably its own unique receptors. Although these peptides activate particulate guanylate cyclase in a number of tissues, some of their effects, for example natriuresis, are not mediated by cGMP but rather by prostaglandin E2. Plasma concentration of N-terminal atrial peptides may be useful in diagnosis and risk stratification in patients with heart failure and after myocardial infarction. Recently N-terminal fragment of brain natriuretic peptide (BNP1-76) was identified in the blood. This peptide is secreted together with its C-terminal partner, BNP77-108 by ventricular myocytes. Some studies suggest that N-terminal BNP may be also a useful diagnostic tool in cardiovascular diseases.

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Related Articles, Books

Priming of superoxide anion in polymorphonuclear neutrophils by brain natriuretic peptide.

Garlichs CD, Zhang H, Schmeisser A, Daniel WG.

Medical Clinic II, Friedrich-Alexander-University Erlangen-Nürnberg, Erlangen, Germany. christoph.garlichs@rzmail.uni-erlangen.de

In acute coronary syndromes such as unstable angina and myocardial infarction, serum concentration of brain natriuretic peptide, a cardiac hormone with potent vasodilatory, natriuretic and diuretic activities, is elevated. Little is known about the effect of elevated BNP plasma concentration on free radical-mediated tissue damage in these states. We investigated the influence of human BNP 32 and its fragment BNP 7-32 on the production of superoxide anion by PMN, a major cause for myocardial damage. Although BNP showed itself no stimulatory